

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Hydrogen Generation Apparatus for Internal Combustion Engines and Method Thereof																						
Application Number :																							
Date :																							
First Named Applicant:		John Zagaja																					
Attorney Docket Number:		DSC-02023C																					
TOTAL FEE AUTHORIZED \$ 531																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375				Subtotal For Basic Filing Fees: \$ 375								
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	2001	375	375																				
			Subtotal For Basic Filing Fees: \$ 375																				
EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 28</td><td>8</td><td>2202</td><td>9</td><td>72</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>2201</td><td>42</td><td>84</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 156</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 28	8	2202	9	72	Independent Claims : 5	2	2201	42	84				Subtotal For Extra Claims Fees: \$ 156	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 28	8	2202	9	72																			
Independent Claims : 5	2	2201	42	84																			
			Subtotal For Extra Claims Fees: \$ 156																				
AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Credit account number:		1008																					
Expiration Date (YYYYMMDD):		2003-10-31																					
Authorized name:		Dave S Christensen																					
Billing address:		06492																					